

Please PRINT or TYPE all responses, then sign and date on the next page. In addition, attach a typewritten Statement of Purpose (see item 17). For items 11-16, if your curriculum vitae (C.V.) contains the requested information, attach your C.V. and write "see attached C.V." in the blank space(s).

DHS 8564 (08/04)

13. MEMBERSHIP IN PROFESSIONAL OR HONORARY ASSOCIATIONS:	14. HONORS, PRIZES, AWARDS:
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15. PUBLICATION(S):

16. REFERENCES: Request that three persons, including at least one health professional in your field send a Letter of Recommendation to the program at the address below. (For example, if you are a veterinarian, you must have at least one Letter of Recommendation from another veterinarian.) List your references here.

NAME	OCCUPATION AND TITLE	INSTITUTION AND TELEPHONE

17. STATEMENT OF PURPOSE: Please attach a one page, typewritten (one inch margins, 10 or 12 pitch) Statement of Purpose which gives your reasons for wanting to participate in the California Epidemiologic Investigation Service (Cal-EIS). The ADVISORY COMMITTEE CONSIDERS THIS TO BE A CRUCIAL PART OF YOUR APPLICATION. Include your future professional training program plans and any other information, which may be helpful to the Committee.
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18. NOTE: An interview is required before a final decision can be made. After your application has been reviewed, we will notify you if you are eligible for an interview.
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NOTICE TO APPLICANTS:

The information requested on this form is required by the State Department of Health Services to determine your eligibility for acceptance into the Department's California Epidemiologic Investigation Service (Cal-EIS) program. The information will also be used by the Cal-EIS Advisory Committee to select candidates for inclusion into the training program. Participation in this Fellowship program is voluntary. If you choose to participate, you are required to provide information on these forms. If you do not provide this information, admission into the Fellowship program may be denied.

Any information that you provide may be used by the State Department of Health Services or transferred to the Department of Health Services' Cal-EIS Advisory Committee and institutions formally participating in the training program. Candidates and authorized personnel directly involved in the selection process will be allowed access. If you wish to review these records, contact Mr. D.L. Gunter, at the address below. After reviewing your records, you may request in writing that they be corrected or amended to make them accurate, relevant, and complete. Any request for correction or amendment should also be sent to Mr. D.L. Gunter.

Authority for this program is found in Health and Safety Code, Sections 211, 213, 1112, and 1008185, plus Education Code, Section 69270.

I certify that the information I have provided in my application is correct, and that I have read the above "Notice to Applicants."

_____ Signature	_____ Date
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Please mail this application form with any attachments to:	For FedEx, UPS, or other courier:
Mr. D.L. Gunter, Program Coordinator California Department of Health Services California Epidemiologic Investigation Service MS-7213 P.O. Box 997413 Sacramento, CA 95899-7413	Mr. D.L. Gunter, Program Coordinator California Department of Health Services California Epidemiologic Investigation Service MS-7213 1616 Capitol Ave, Suite 74.317 Sacramento, CA 95814

In addition, please have official transcripts and letters of recommendation sent directly to the appropriate address above. If you have any questions, please telephone Mr. D.L. Gunter at (916) 552-9920 or e-mail dgunter@dhs.ca.gov. Thank you.